

SEED ARBITRATION GROWER DATA FORM*

*This form must be filled out for each field affected and sent in with arbitration request.

Field Name: _____ **Number of Acres:** _____

Grower Name: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

Landowner Name (if different than grower): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

Farm Supply/Chemical Dealer

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

Technology Seed Dealer (if different than agro-chemical dealer):

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

Consultant:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

[illegible]

(Indicate affected area if applicable)

Field Name: _____

SEED IDENTITY FORM

1. Is an analysis tag available? Yes _____ No _____ (attach if yes)
2. Vendor Name and Address On Tag: _____

3. Crop Kind: _____ Variety/Hybrid: _____
4. Lot Number: _____
5. Germination %: _____ Date of Test: _____
6. Purity Analysis: Pure Seed % _____ Inert Matter % _____ Other Crop Seed % _____ Weed Seed % _____
7. Listed Noxious Weed Seed: _____

8. Dealer Where Purchased: _____
9. Date Purchased: _____ Quantity Purchased: _____
10. Retail Value of Seed: _____ Sales Receipt Number: _____
11. Is seed invoiced by lot number? Yes _____ No _____
12. Is a sample of seed available? Yes _____ No _____

If yes, what is the situation with regard to the seed on hand?

- Quantity on Hand _____
- Storage Conditions _____
- Package or Bag Opened or Unopened? _____

Field Name: _____

Applications of Herbicides; Insecticides; Plant Growth Regulators (PGR)

Product	Date	Rate	Band/ Broadcast	PPI (preplant incorporated)
				PRE (preemergence herbicide)
				POT (post over top)
				Post Direct
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Give the following information for each application:

Name of chemicals & person who applied: _____

Was pest control adequate? ____ Yes ____ No Additive: _____ Rate: _____

Sprayer Type/Brand: _____

Carrier: _____ Did you follow directions on the label? ____ Yes ____ No

Name of person who applied chemicals: _____

Was pest control adequate? ____ Yes ____ No Additive: _____ Rate: _____

Sprayer Type/Brand: _____

Carrier: _____ Did you follow directions on the label? ____ Yes ____ No

Name of person who applied chemicals: _____

Was pest control adequate? ____ Yes ____ No Additive: _____ Rate: _____

Sprayer Type/Brand: _____

Carrier: _____ Did you follow directions on the label? ____ Yes ____ No

FIELD INFORMATION

Field Name: _____

Date Seed Dealer (distributor) Was Contacted: _____

Date Seed Labeler Was Contacted: _____

Date Seed Labeler Contacted Grower: _____

Has Seed Dealer/Labeler Inspected Field? _____ Date: _____

What Was Dealer/Labeler's Response? _____

Was a settlement offer made: Yes ___ No ___

If yes, what was offered? _____

County: _____

Is this field used for Seed Production? ___ Yes ___ No Commercial Production? ___ Yes ___ No

Variety/Hybrid: _____ Lot #: _____ Total Acres: _____

Seeds per pound: _____ Seeding rate per acre: _____ Seed Depth: _____

Row Spacing: _____

Seed treatment: ___ Yes ___ No List Treatment: _____

Seed Company applied? ___ Yes ___ No Rate: _____

Farmer applied? ___ Yes ___ No Rate: _____

Custom applied? ___ Yes ___ No Rate: _____

In-furrow treatment: _____

Date(s) Planted: _____

Soil Type: _____

(Attach copy of soil test reports if available)

Fertilizer Applied: _____

Expected yield per acre: _____

Field Configurations: _____

Slope: _____ Other: _____

Drainage: _____ Other: _____

Is crop rotation in place on this farm? ___ Yes ___ No

Field Name: _____

Provide the last 2 years of rotation data:

Type of crop: _____ Herbicide: _____ Fungicide: _____

Seed Treatment: _____ Yield Data: _____

Type of crop: _____ Herbicide: _____ Fungicide: _____

Seed Treatment: _____ Yield Data: _____

Weather and Environmental

Temperature (2 weeks prior to planting): _____ Normal

_____ Above Normal

_____ Below Normal

Temperature (2 weeks after planting): _____ Normal

_____ Above Normal

_____ Below Normal

Soil moisture at planting: _____ wet _____ moist _____ dry

Irrigation (I)/Rainfall (R) 2 weeks prior to and 2 weeks after planting:

Date	Type (I or R)	Amount	Hours of Event

Field Name: _____

TILLAGE PRACTICES

Did you use any tillage in the field prior to planting? Yes _____ No _____

Explain tillage practices: _____

Did you practice no-till or reduced tillage in the field? Yes _____ No _____

If yes, was a burn-down herbicide used: Yes _____ No _____

Describe your tillage practices after planting: _____

Were weeds a problem later in the season that required additional tillage or herbicide?

Yes _____ No _____

Were insects a problem at any time during the growing season? Yes _____ No _____

DISEASE, INSECT AND WEED CONTROL

Was adequate weed control achieved throughout the growing season with the program used?

Yes _____ No _____

Were insects a problem at any time during the growing season? Yes _____ No _____

If yes, when and what type of insect(s) appeared to damage the crop?

Which diseases were noticed during the growing season?

Diseases affecting stand (pre and post emergence damping-off): _____

Diseases affecting crop during plant and seed development: _____

Were there any symptoms of insect or disease injury on seeds or fruit during production or at harvest: _____

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

Records

Memory

Estimation

- *Reports from any Consultants who reviewed the field problems.*
- *Fertilizer samples*
- *Plant tissue samples*
- *Crop loss summary reports (includes crop production and revenue loss estimates)*